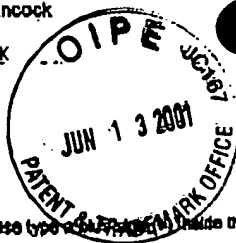


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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	1115/005
	First Named Inventor	KUZYK, Michael A.
	COMPLETE IF KNOWN	
	Application Number	09 / 677,374
	Filing Date	15 September 2000
	Group Art Unit	1642
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VACCINES AND AGENTS FOR INDUCING IMMUNITY TO FISH AGAINST RICKETTSIAL DISEASES, AND ASSOCIATED PREVENTATIVE THERAPY

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

09/13/2000

as United States Application Number or PCT International

Application Number

09/677,374

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
2,281,913	CA	09/17/1999	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

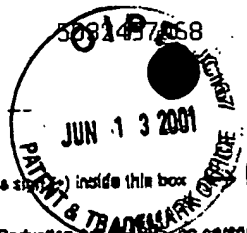
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/154,437	17 September 1999	

(Page 1 of 3)

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DECLARATION — Utility or Design Patent Application

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Name Ipsolon LLP

Address 805 S.W. Broadway, #2740

Address

City Portland

OR
State

ZIP 97205

Country US

Telephone 503-249-7066

Fax 503-249-7068

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Michael A.
(first and middle (if any))

Family Name Kuryk
or Surname

Inventor's
Signature

June 7, 2001
Date

Residence: City Victoria

State BC

Country CA

Citizenship CA

Mailing Address 4903 - 1535 Jubilee Avenue 1255 Basil Avenue.

Mailing Address

City Victoria

State BC

ZIP V8R 4M4 VPT 2G1

Country CA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Jan
(first and middle (if any))

Family Name Burian
or Surname

Inventor's
Signature

June 7, 2001
Date

Residence: City Victoria

State BC

Country CA

Citizenship CA

Mailing Address #80 - 1732 Newton Street

Mailing Address

City Victoria

State BC

ZIP V8R 2R2

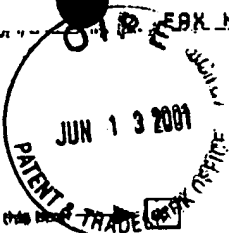
Country CA

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 3
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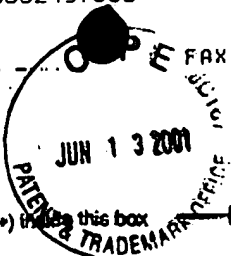
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
William W.		Kay	
Inventor's Signature <i>William Kay</i>		Date 07/06/01	
Residence: City Victoria	State BC	Country CA	Citizenship CA
Mailing Address 3620 Cadboro Bay Road			
Mailing Address			
City Victoria	State BC	ZIP V8B 5K8	Country CA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Julian C.		Thornton	
Inventor's Signature <i>Julian Thornton</i>		Date 07-Jun-01	
Residence: City Victoria	State BC	Country CA	Citizenship CA
Mailing Address 1219 Oscar Street			
Mailing Address			
City Victoria	State BC	ZIP V8V 2X6	Country CA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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AUTHORIZATION OF AGENT**

Application Number	09/677,374
Filing Date	15 September 2000
First Named Inventor	KUZYK, Michael A.
Group Art Unit	1642
Examiner Name	
Attorney Deskset Number	1115-005/ddb

I hereby appoint:

☐ Practitioners at Customer Number
ORPlace Customer
Number Bar Code
Label here☒ Practitioner(s) named below:

Name	Registration Number
Douglas D. Hancock	35,889
Robert H. Barricar	26,125

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Portland

State

OR

Zip

97205

Country

US

Telephone

503-249-7066

Fax

503-249-7068

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06).**SIGNATURE of Applicant or Assignee of Record**

Name

Michael A. Kuzyk

Signature

Date

June 7/2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 4 forms are submitted.

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/677,374
Filing Date	15 September 2000
First Named Inventor	KUZYK, Michael A.
Group Art Unit	1642
Examiner Name	
Attorney Docket Number	1115-005/ddh

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OR

☒ Practitioner(s) named below:

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Name	Registration Number
Douglas D. Hancock	35,889
Robert H. Barriger	26,125

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<input checked="" type="checkbox"/> Firm or Individual Name	Ipsolon LLP				
Address	805 S.W. Broadway, #2740				
Address					
City	Portland	State	OR	Zip	97205
Country	US				
Telephone	503-249-7066	Fax	503-249-7068		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Jan Burian
Signature	
Date	June 7, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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AUTHORIZATION OF AGENT**

Application Number	09/677,374
Filing Date	15 September 2000
First Named Inventor	KUZYK, Michael A.
Group Art Unit	1642
Examiner Name	
Attorney Docket Number	1115-005/dch

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☒ Practitioner(s) named below:

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Douglas D. Hancock	35,889
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Address

City Portland

State OR

Zip 97205

Country US

Telephone 503-249-7066

Fax 503-249-7068

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	William W. Kay
Signature	
Date	7/06/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

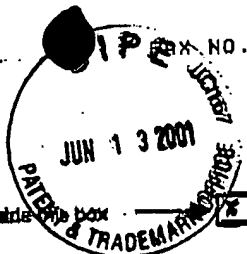
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Application Number	09/877,374
Filing Date	15 September 2000
First Named Inventor	KUZYK, Michael A.
Group Art Unit	1642
Examiner Name	
Attorney Docket Number	1115-005/ddh

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<input checked="" type="checkbox"/> Firm or Individual Name	Ipsolon LLP				
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Address					
City	Portland	State	OR	Zip	97205
Country	US				
Telephone	503-249-7066	Fax	503-249-7068		

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
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Name	Julian C. Thornton
Signature	
Date	07/10/01

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